



**ST. PATRICK'S SUNDAY SCHOOL
REGISTRATION FORM
(From SEPT - Year _____)**

(Crèche/Sunday School/Pathfinders)

I give permission for my child to attend the organisation indicated above

Child's full name.....

Address & Postcode.....

Date of Birth Primary School Class (From Sept)

Contact Details (these will be used in an emergency, and to provide you with information about church organisations/events)

Home telephone no.....

Mobile/emergency contact no/s

Email address

Name and tel. no. of G.P.

Details of any known conditions, allergies (including food allergies), illnesses or special needs
.....

In the unlikely event of illness or accident, I give my permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Name of person/s with parental responsibility

Signature Date.....

I agree to arrange, as far as possible, for my child to be accompanied to and from the session by the following person(s).

Name(s).....



PHOTOGRAPHS OF CHILDREN

We are asking parental consent to take and use photographs/videos of children in Sunday School. St Patricks Child Protection policy can be viewed on the internet at: www.stpats.co.uk

The use of photos would be for things like notice boards in the hall or in Church, Parish magazine, Parish website and possibly local press. The photos would be identified by use of the child's first name only. We would be grateful if you could fill in the following form and return it as soon as possible. Any inquiries can be directed to: Allison Wallace 02870357736 or via the Parish Office. Thank you.

Child's name

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I do / do not consent to my child being photographed in Sunday School.

Name of person with parental responsibility

.....

Contact

Telephone.....

Signature Date